

MENTAL HEALTH UPDATE

September 10, 2008

Pieces Of History In Vermont Mental Health

The “Pieces of History” series in the Mental Health Update will describe key events and significant policy milestones in the evolving Mental Health Systems of Care; thus, connecting our past to the present.

1983 Sixteen families in the Burlington area started Vermont’s first chapter of the Alliance for the Mentally Ill. Joined together by the experience of mental illness of their loved ones, this core group of families took the lead in organizing support groups, family education, and advocacy efforts to improve the quality of life for persons of all ages who are affected by mental illnesses. Within a few years, they founded the statewide Alliance for the Mentally Ill-Vermont and fostered more local chapters in the Northeast Kingdom, Rutland, Springfield, and Central Vermont. Their members served on the boards of the Department of Mental Health, the Vermont Association for Mental Health, and several community mental health centers around the state. They applied for and received funding from the State of Vermont beginning in 1985 and presented the “family side” to mental health providers on policy, program, and financial issues. Known as NAMI by 1987, the national alliance called Vermont a model small state organization for offering family members scholarships to attend the national convention. A strong family network developed and expanded, making an impact on community services, state legislation, and public awareness. For twenty-five years, the National Alliance for Mental Illness-Vermont (NAMI-VT) has promoted education programs for families and providers, organized support groups, advocated funding of mental health services, helped advance mental health parity and reduce stigma, and worked for legislative, regulatory, and system changes from the family perspective.

HowardCenter Receives Approval to Purchase an Electronic Health Record System

HowardCenter has received a Certificate of Approval to purchase an electronic health record (EHR) to automate and integrate both its clinical and business processes. The Commissioners of the Department of Mental Health and the Department of Disabilities, Aging and Independent Living have approved an expenditure of \$1,708,016 for the purchase an EHR system developed by PsychConsult, a product of the Askesis Development Group of Pittsburgh, PA. The system will be implemented throughout the agency over a 24 month period.

The Howard Center EHR will have an impact far beyond the agency's walls. Because the PsychConsult EHR application conforms to Health Level 7 (HL7) standards for health information interchange, the HowardCenter EHR will be able to exchange data securely with other Vermont treatment facilities that have EHR's, assuming the client has given permission to do so.. HL7 is a nationally recognized standard that enables seamless data transfer among healthcare information systems in different locations, even if the systems are from different vendors.

ADULT MENTAL HEALTH

Fall Training

While the Fall season in Vermont is typically known for its fall foliage, it is also the time when many high quality training workshops and conferences occur. If you are interested in seeing what trainings are available in the state, check out the Department of Mental Health online calendar at Vermont Training Events For Adult Community Mental Health Practitioners . This calendar is updated weekly, so we encourage individuals who are looking for training to check the site regularly. If you know of a training that should be listed on the calendar, please contact Nick Nichols at nnichols@vdh.state.vt.us.

Reappointment of Members to State Program Standing Committee for Adult Mental Health

George Karabakakis and Jim Walsh were recently reappointed to three-year terms on the State Program Standing Committee for Adult Mental Health. George is Chief Operating Officer at Health Care and Rehabilitation Services of Southeastern Vermont and represents the perspective of Vermont's community mental-health providers on the Standing Committee. Jim is Co-Director of Psychiatric Services for the Springfield Hospital and represents the perspective of providers of inpatient psychiatric services. The full Standing Committee has nine members: three adults who have been recipients of mental-health services, three family members, and three providers. The Department of Mental Health is still recruiting to fill three vacancies on the Standing Committee: an adult who has received mental-health services, a family member, and a provider.

CHILDREN'S MENTAL HEALTH

The State Program Standing Committee for Children, Adolescents and Family Mental Health

The State Program Standing Committee has 6 new members who are simultaneously being oriented to the committee's work and contributing to the progress made by this Committee. At their August meeting, the group reviewed the budget rescissions adopted by the legislature's Joint Fiscal Committee and discussed the implications for mental health with Charlie Biss, Director of the Child, Adolescent, and Family Unit (CAFU). Members also reviewed the current draft of the new mental health system of care plan and provided preliminary feedback to Alice Maynard, CAFU's Quality Management Chief. They will conclude their review and feedback session with the next draft at their September meeting. In the foreseeable future, the Committee has decided to accept the offer of the Vermont Federation of Families for Children's Mental Health and hold their

monthly meetings at the Federation's new office space at 95 South Main Street in Waterbury.

Act 264 Advisory Board to Gather Information and Perspectives for Recommendations

The Act 264 Advisory Board will hold the first of its two day-long fall meetings this Friday, September 12, in the Skylight Conference Room in Waterbury. The second meeting will be on Friday, October 10, at the same location. Both meetings are designed to gather additional information about the strengths, challenges and opportunities of, and threats to Vermont's interagency system of care for children and adolescents experiencing a disability and in need of services from multiple state agencies. As required by Act 264, the Board will formulate their priority recommendations for the system of care and submit these to the legislature by January, 2009. The morning session of the September 12 meeting will consist of a discussion with state leadership including Secretary of Human Services, Cindy LaWare, Acting Commissioner, Bill Talbott (DOE), and Commissioners Michael Hartman (DMH), Joan Senecal (DAIL), Steve Dale (DCF), and Wendy Davis (VDH). The afternoon session will include a discussion with members of the State Interagency Team (SIT) and the SIT Implementation Team. All Board meetings are open to the public.

FUTURES PROJECT

Rutland Area Consumers to Discuss Care Management

Consumers will meet with the New England Partners consulting team on September 18th from 4:00 to 6:00 in the Wellness Center of Rutland Mental Health Services. Consumers are encouraged to attend. Vermont Psychiatric Survivors is hosting the meeting to enable consumers to talk with the consultants, share their experiences accessing care, and answer the questions about the care management system design from a consumer perspective. Contact VPS at 1-800-564-2106 or Judy Rosenstreich at DMH jrosen@vdh.state.vt.us.

Care Management Steering Committee

At the September 16th meeting, the consulting team plans to review clinical care management structures that have been used elsewhere or may be considered for Vermont. They will update the committee on their site visits and conversations with various groups, distribute the work plan for comment, and use the group as a working committee to flesh out the issues and think through system management policies and procedures. The meeting is at HCRS in Springfield from 10:00 to 12:00. Contact Judy Rosenstreich at jrosen@vdh.state.vt.us or 802-652-2023 for more information.

Staff Secure Community Advisory Group Formed

The Southern Vermont Alliance for Care held its first stakeholders advisory group meeting to provide community feedback to the project developer, Health Care and Rehabilitation Services of Southeastern Vermont (HCRS). The Brattleboro Retreat is collaborating with HCRS on the development of a proposed 6-bed staff secure recovery residence in Brattleboro. The meeting was well attended by consumers, advocates, family members, neighbors, law enforcement, Agency of Human Services staff, project staff, a legislator and interested community members. The primary focus of the meeting was to receive feedback, listen to any concerns, and address those concerns as part of the

development of a Certificate of Approval (COA). Feedback from participants was positive and the next meeting has been scheduled for October 6th from 3:30 - 5:00 at the HCRS outpatient office at 51 Fairview Street in Brattleboro. For questions or to receive notice of advisory group meetings, please contact George Karabakakis, COO at HCRS (802) 886-4567 ext. 2135.

Consultation Group Reviews Care Management and 15 Bed Secure Residential Facility Projects

The Consultation Group met September 5th to consider what is important to consumers as they move between programs or through levels of care and how the alternative floor plans for the proposed 15 bed secure residential facility would affect consumers. The focus of discussion was the consumer's experience in moving through the delivery system, and what it might be like to live in the proposed building designs. A number of themes emerged in the care management discussion: (a) the need for clinicians in all settings (and especially in hospitals and hospital emergency departments) to be appropriately educated about and sensitive to the experience of the individual with a mental illness; (b) the importance of having peer services available in all settings; and (c) the need for a uniform standard of care for the whole person across all areas of the delivery system. In talking about their experience and discussing what is needed, the group, which represented both consumers and family members, highlighted the importance of the principle of clinical integration of mental health with other health services in all settings and especially in hospitals and emergency rooms. The group asked for clarification about the product of the care management system design process, particularly about the extent to which the consultants' work will support the importance of clinical integration of service delivery.

The group then provided its initial review of three floor plans proposed by DMH and BGS for the 15 bed secure residential facility as well as a proposal developed by Representative Anne Donahue. The four floor plans addressed renovated space in the Brooks and Dale buildings on the Waterbury campus (Representative Donahue's drawings of a renovated Ground and 1st floor of Brooks as well as the BGS Consulting Architects' sketches of renovations of Brooks and Dale) and a new building---all proposed options to be located on the Waterbury Campus. Themes of the discussion included the importance of practical spatial design features in promoting the principles of Recovery by the inclusion of such things as patient access to computers, telephones and copiers. Floor plans should accommodate the visitors of 15 patients, including the possibility of a large number of visitors at the same time. A central point in the discussion was the recognition that there is no perfect design; all floor plans have trade-offs. Nonetheless, a major theme was the need to make the environment as home-like as possible while taking into account patient realities and safety needs. In this context the group discussed the desirability (versus increased cost) of private bathrooms not as a matter of convenience but for the privacy, safety, and protection of patients. The negative impact on patients who inhabit a building under reconstruction was also noted. Acknowledging that more discussion of the physical living space is needed (and is planned), the group ended this day's comments by noting that staff, program, and a physically beautiful environment are the major keys to Recovery.

VERMONT INTEGRATED SERVICES INITIATIVE (VISI)

Third Annual Peer Conference on Co-occurring Conditions to be held on September 26 at the Holiday Inn in Rutland. *Walk a Mile in My Shoes: Bridging peer supports and treatment services.* The Keynote speaker for this event will be Mary Ellen Copeland, author and creator of the Wellness Recovery Action Plan (WRAP). Welcoming comments will be made by Secretary of Human Services, Cindy LaWare and Commissioner Michael Hartman (DMH), and Deputy Commissioner, Barbara Cimaglio (VDH), will host a question and answer workshop in the morning. Other speakers and workshops include Alice D'orio of the Harm Reduction Coalition, Linda Corey of Vermont Psychiatric Survivors, Patty McCarthy of Friends of Recovery Vermont and Dave Morgan of Vermont Vet to Vet. **We are so sorry but this event is now full !**

VISI Forum Highlights

The eighth VISI Forum was held on Friday, August 29th. Over 55 people from around the state came to share information and guide the activities of the VISI grant. We had updates from Northeast Kingdom Human Services and United Counseling Services on their work to lower the no show rate and wait times. We heard from Spectrum and their work to introduce Stages of Change in a formal and intentional way into their assessment and treatment process. We heard from Centerpoint and Friends of Recovery Vermont on their collaboration to educate families on co-occurring conditions and peer supports. Valley Vista discussed innovations in their training program to better address co-occurring treatment. The group also reviewed and provided suggestions on the DMH and ADAP Joint Policy Statement on Co-occurring screening. These suggestions and the full report from the VISI Forum can be accessed by calling Paul Dragon at 652-2020 or by e-mailing Paul at pdragon@vdh.state.vt.us.

WRAP for Vets DVD

The VISI team has a copy of the new DVD, *Wellness Recovery Action Plan for Veterans and People in the Military* by Mary Ellen Copeland . If you would like to borrow this copy from VISI please contact Patty Breneman at 652-2033. To purchase a copy go to Mary ellen's website: <http://www.mentalhealthrecovery.com/>

VISI Resources

Please check out the VISI website at <http://healthvermont.gov/mh/visi/index.aspx>

The VISI Resource Book with co-occurring information for consumers is now on the website or you can e-mail or call Patty Breneman at pbrenem@vdh.state.vt.us or 652-2033. They are a great addition to a waiting room or to give as handouts to consumers, peers and family and support people.

VERMONT STATE HOSPITAL

The New Directions Pavilion Open House

On Friday, September 12th, from 1:00-2:30, VSH will be holding a public Open House to exhibit a new treatment space, The New Directions Pavilion. This is a non-residential area where patients will be involved in a wide range of treatment activities each day, include individual and group activities, treatment planning, and meetings with service

providers and visitors. Anyone who is interested in seeing this new part of the hospital, or learning more about the therapeutic activities that patients at VSH are involved in, is welcome to attend. Please contact Patrick Kinner, VSH Director of Therapeutic and Recovery Services, at pkinner@vdh.state.vt.us if you would like more information.

VERMONT STATE HOSPITAL CENSUS

The Vermont State Hospital Census was 45 as of midnight Wednesday. The average census for the past 45 days was 44.4.